

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

7274

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First Middle Last HELEN M CARLSON			2 SEX (M / F) Female		3 DEATH DATE (Mo, Day, Yr) Aug 15, 1992														
4 AGE LAST BIRTHDAY (Yrs) 77		5 UNDER 1 YEAR MONTHS DAYS HOURS MINUS		6 UNDER 1 DAY HOURS MINUS		7 BIRTHDATE (Mo, Day, Yr) Jan. 24, 1915	8 BIRTHPLACE (City, State or Foreign Country) Minneapolis, MN.		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10 COUNTY OF DEATH King								
11 CITY, TOWN OR LOCATION OF DEATH Redmond				12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME I. HOME 2. IN TRANSPORT 3. IN EMERGENCY 4. IN HOME 5. IN HOME 6. OTHER PLACE Eastside Group Health				13 SMOKING IN LAST 15 YEARS? (Yes / No) Yes											
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Elmer Carlson		16 SOCIAL SECURITY NO.		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17-19) 2													
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19 KIND OF BUSINESS OR INDUSTRY At Home		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21 RACE (Specify) White													
22 RESIDENCE—NUMBER AND STREET 2825 98th Avenue N.E.		23 CITY/TOWN, OR EDUCATION Bellevue		24 INSIDE CITY LIMITS? (Yes / No) No		25A COUNTY King		25B. LENGTH OF RES. IN CO. 41yrs		26 STATE Wash		27 ZIP CODE 98004							
28 FATHER'S NAME—FIRST, MIDDLE, LAST Albert Erwin				29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Sarah White															
30 INFORMANT—NAME Elmer Carlson		31 MAILING ADDRESS 2825 98th Avenue N.E.		CITY OR TOWN Seattle, Washington		STATE Washington		ZIP 98004											
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation 08-17-1992		33 DATE (Mo, Day, Yr)		34 CEMETERY/CREMATORY—NAME Uniservice Crematory		35 LOCATION—CITY/TOWN, STATE Seattle Washington 98109													
36 SIGNATURE OF DIRECTOR X [Signature]		37 NAME OF FACILITY Blertz Funeral Home 316 Florentia St, Seattle WA		38 ADDRESS OF FACILITY 98109															
39 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN SIGNATURE AND TITLE X [Signature] 40 DATE SIGNED (Mo, Day, Yr) 8-17-92						41 HOUR OF DEATH (24 Hrs) 0800						42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dean Weaver, M.D. 2701 156th Ave NE Redmond, Wa		43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X [Signature]		44 DATE SIGNED (Mo, Day, Yr)		45 HOUR OF DEATH (24 Hrs)	
46 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dean Weaver, M.D. 2701 156th Ave NE Redmond, Wa						47 HOUR PRONOUNCED DEAD (24 Hrs)						48 PRONOUNCED DEAD (Mo, Day, Yr)		49 MEDICORONER FILE NUMBER					
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST 1. Combined Obstructed Pulmonary Disease 2. Lung Cancer - Not Biopsied. 3. C 4. D 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECORDED AS UNDERLYING CAUSE GIVEN ABOVE						52 AUTOPSY? (Yes / No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No											
54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOURS OF INJURY OCCURRED															
58 INJURY AT WORK? (Yes / No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, BLDG, ETC. (Specify)		60 LOCAL STREET OR RFD NO., CITY/TOWN, STATE															
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62 SIGNATURE OF REGISTRAR X [Signature]		63 DATE RECEIVED (Mo, Day, Yr) AUG 20 1992															

THIS IS A CERTIFIED COPY OF THE DEATH CERTIFICATE AND IS VALID FOR ALL PURPOSES. IT IS NOT VALID FOR THE PURPOSES OF THE OFFICIALS SEAL.